

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0177858 |                              |            |
| <b>Date Assigned:</b> | 10/31/2014   | <b>Date of Injury:</b>       | 04/23/2010 |
| <b>Decision Date:</b> | 12/24/2014   | <b>UR Denial Date:</b>       | 10/02/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/27/2014 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in New York and North Carolina. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 59-year-old man with cervicgia and lumbago. He has bilateral shoulder and knee pain. He claims cumulative trauma 4/23/10. He has had physical therapy, chiropractic therapy, a shoulder arthroscopy in 2011, and a knee arthroscopy in 2012. He has documented multilevel disc bulges. Treatment has included Naproxen (550 mg po q12 hr for inflammation and pain), Ondansetron for nausea (8 mg 2 times PRN), Medrox ointment, Cidaflex (1 tab 3x a day for joint pain), cyclobenzaprine (7.5 mg po PRN), sumatriptan (25 mg PRN for migraine headaches). The treating physician states the ondansetron (Zofran) is being prescribed for nausea as a side effect to cyclobenzaprine and "other analgesic agents."

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Retro Ondansetron 8mg, #30 times 2 (DOS: 6/18/12): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Antiemetics (for opioid nausea)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nabilone Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** Per ODG, ondansetron is not recommended for nausea and vomiting secondary to chronic opioid use. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. The requester states that the medication is being used to combat nausea associated with cyclobenzaprine, which is not medically necessary. The MTUS chronic pain medical treatment guidelines list Nabilone for chemotherapy-induced nausea. There is no mention of Zofran. It is not medically indicated for managing cyclobenzaprine side effects. Its denial is upheld.

**Retro Medrox Ointment 120gm, times 2 (DOS: 6/18/12): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topical Analgesics

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Salicylate topicals Page(s): 111-113, 105.

**Decision rationale:** Medrox ointment is capsaicin/menthol/methyl salicylate. Per the MTUS chronic pain treatment guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Methyl salicylate is recommended in the chronic pain treatment guidelines of the MTUS. However, menthol is not listed as an approved topical treatment. Since it is not approved, the compound cannot be approved. There is no medical necessity for this topical medication, and the denial is upheld.

**Retro Cyclobenzaprine HCL 7.5mg, #120 (DOS: 6/18/12): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-65.

**Decision rationale:** Muscle relaxants are used in pain management, per the chronic pain medical treatment guidelines of the CA MTUS. Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. The dosing is 5 mg three times a day. Can be increased to 10 mg three times a day. This medication is not recommended for longer than 2-3 weeks. The maximum dispensed would be 63 tablets, not 120. The request is not consistent with the treatment guidelines, and hence not medically necessary. The denial is upheld.

